

## REQUEST FOR AND/OR NOTICE OF TRANSFER OF VETERANS RECORDS

ITEM NO.	1. STATION NAME AND NO. (Include mail routing symbol on temporary transfers only.) ROUTE TO THE FOLLOWING IN ORDER INDICATED				
1A					
1B					
1C					
2. <b>COR</b>		3. ENTER STATION NO.			
4. NAME (Last, First, Middle - Separate names by commas.)					/
<b>C</b>	5A. FILE NO. (Circle C or SS)		<b>SS</b>	5B. (If not file number)	
<b>SS</b>					
<b>SN</b>	6. SERVICE NO.		<b>P</b>	7. BENEFICIARY MASTER RECORD (If not a veteran, enter "I")	
	8. TYPE OF TRANSFER <input type="checkbox"/> *PERMANENT <input type="checkbox"/> TEMPORARY		9. OTHER FILE NO.		
<b>NEW</b>	10. 11A. TRANSFER CLAIMS FOLDER (C, XC, SS or XSS) <input type="checkbox"/> <b>CL</b>		11B. TRANSFER DEA FOLDER <input type="checkbox"/> <b>OE</b>		
	12A. DATE OF TRANSFER (Month, day, year)	12B. REC. STA. NO.	12C. TRF. STA. NO.	12D. PAYEE NO. (DEA transfer only.)	
				<b>PN</b>	<b>\$</b>
13. OTHER FOLDER TRANSFER <input type="checkbox"/> R & E <input type="checkbox"/> INS. <input type="checkbox"/> LG <input type="checkbox"/> PG <input type="checkbox"/> OPT <input type="checkbox"/> MED. REC. <input type="checkbox"/> HOSP. CORRESP. COUNSELING/ TRAINING <input type="checkbox"/> OTHER SUBFOLDER    (Specify)					
14. REASON FOR TRANSFER AND/OR REMARKS					
15. ADJUDICATION ACTION PENDING? <input type="checkbox"/> YES <input type="checkbox"/> NO					
16. FROM (Originating office)				17. DATE	
*If transfer of C-folder or DEA folder is permanent, complete Item 18.			18. CHECK WHEN COPY 2 IS SENT TO TELECOM <input type="checkbox"/> UNIT		

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